MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042176 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9989

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 40053 R DATE AMENDED

3 2

4 0

5 1

6

7 1

8 1

9

10

11

12 68-0

13

68

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

FILED OCT 17 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Richmond Heights
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1334 Hawthorne Place
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DAVID Middle IRA Last WEIR

4. DATE OF DEATH: Month Day Year: October 6, 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Mar. 23, 1895

9. AGE (last birthday): 68
IF UNDER 1 YEAR Months: 6 Days: 13 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Insurance Business

11. BIRTHPLACE (City and state or country): Howell, Indiana

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Merrill Weir

13b. MOTHER'S MAIDEN NAME: Martha Bradley

14. NAME OF HUSBAND OR WIFE: Isabel Fogarty Weir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Isabel Weir, 1334 Hawthorne Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Marked Severe Chronic Pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: many years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 527.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/25/54 to Oct. 6, 1963 and last saw ~~him~~ alive on October 6, 1963
Death occurred at 3:30 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph B. Kendis, M.D. M.D.

22b. ADDRESS: 4511 Forest Park Blvd.

22c. DATE SIGNED: 10/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Oct. 10, 1963

23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Ambruster Mortuary 6633 Clayton Road

25. DATE RECD. BY LOCAL REG.: OCT 8 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph Kendis
4500 Forest Park Blvd

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnell J. Hammer

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.